Evidence for change of birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01891

FILM No. G 124 MAR 1 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield	LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lawsonia Section	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
	STREET ADDRESS (If rural, give location) Mariners Section

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
LUTHER	R.	BLADES, SR.	2/16/50 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Apr. 17, 1856 60	89 yrs.	9	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sea captain & boat builder	own business	Crisfield, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Seth Wilkens Blades	Emily Sterling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Luther Blades, Jr. Lawsonia, Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis with	
332X Antecedent cause(s)		
83 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hemiplegia right side	11 days
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb. 5, 1950, to Feb. 16, 1950, that I last saw the deceased alive on Feb. 16, 1950, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. G. Rawley	M.D.	Crisfield, Md.	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	2/19/50	Crisfield Cemetery	Crisfield, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/18/50	Betty W. Tyler	Bradshaw Funeral Parlors	Crisfield

13057

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 23 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01892

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset Co. — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Princess Anne R.F.D. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Princess Anne — LENGTH OF STAY (in this place) 9 days Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Clark (Middle) Chatthorn (Last) Twin #2

4. DATE OF DEATH (Month) Feb (Day) 10 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Jan 30. 50

9. AGE last birthday yrs. — If under 1 year Months. 9 Days — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Clarence C. Chatthorn

14. MOTHER'S MAIDEN NAME Sallie Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Clarence C Chatthorn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

776X Immediate cause (a) Prematurity - about 4 1/2 pound.

Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Low mentality of parent -

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

Public Health Nurse was visiting patient. I did not

22. I hereby certify that I attended the deceased from ..... Sen, 19 the, to Baby, 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Rt Johnson M.D. D.S.H.O. Princess Anne Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 2/10/50 — NAME OF CEMETERY OR CREMATORY Family Cemetery — LOCATION (City, town, or county) (State) Princess Anne, Md.

DATE REC'D BY LOCAL REG. 2/10/50 — REGISTRAR'S SIGNATURE R. H. Johnson, M.D. gd — 24. FUNERAL DIRECTOR Father of child - Clarence Chatthorn — ADDRESS

5-1-1-30-0-26-46-33-3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01893

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) (Last) Chattham Twin #1

4. DATE OF DEATH (Month) Feb. (Day) 2nd (Year) 1950

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: Jan. 30th 50

9. AGE last birthday: yrs. — If under 1 year: Months — Days 3 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: ~~Labour~~ Infant

11. BIRTHPLACE (State or foreign country): Allen Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Clarence C. ~~Campbell~~ Chattham

14. MOTHER'S MAIDEN NAME: Sally Marie Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Clarence C. Chattham

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Strangled after vomiting

921.0 Antecedent cause(s)

195d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature baby (4 pounds)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

Y did not see nurse Child - Information obtained from father

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE: R H Johnson M.D. (Degree or title) D.S.H.O. — ADDRESS: Princess Anne Md — DATE SIGNED: Feb 3-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Feb 3-50 — NAME OF CEMETERY OR CREMATORY: Private — LOCATION (City, town, or county): Princess Anne R.F.D. (State): Md.

DATE REC'D BY LOCAL REG.: 2/3/50 — REGISTRAR'S SIGNATURE: R. H. Johnson, M.D. gd — 24. FUNERAL DIRECTOR: Family — ADDRESS:

5-1-1-30-0-26-3-33-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01894

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) HELEN (Middle) PUSEY (Last) COX

4. DATE OF DEATH: (Month) 2 (Day) 11 (Year) 50 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 9/3/1889

9. AGE last birthday: 60 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): school teacher

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Marion, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lewis W. Pusey

14. MOTHER'S MAIDEN NAME: Laura Crowswell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Arthur T. Cox--same as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary Disease	24 hrs
592 Antecedent cause(s)	(b) Myasthenia Gravis.	2 years
131 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Chronic Int. Nephritis. Chronic Bronchitis	8 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no.

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1950, to Feb 11, 1950, that I last saw the deceased alive on Feb 10, 1950, and that death occurred at 12:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Guy C. Fulton M.D. Marion Md 2/14/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 2/14/50

NAME OF CEMETERY OR CREMATORY: Sunnyridge Cemetery

LOCATION (City, town, or county) (State): Crisfield, Maryland

DATE REC'D BY LOCAL REG. 2/14/50

REGISTRAR'S SIGNATURE: Betty Massey

24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors ADDRESS: Crisfield

V3491

RECEIVED
FEB 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01895

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 262

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City R.F.D — LENGTH OF STAY (In this place) 32 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. F. D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City R.F.D.
STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) (Last) DIXON

4. DATE OF DEATH: (Month) Feb. (Day) 28 (Year) 1950

5. SEX: Male — 6. COLOR OR RACE: Colored — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single — 8. DATE OF BIRTH: 1868 — 9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): South Carolina — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Not known — 14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Norman Lloyd.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) asthma — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 241x 112

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Nonpany — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the date stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Dwight Lankford — (Degree or title) M.D — ADDRESS: Princess Anne Md — Deputy Medical Examiner for Somerset County — DATE SIGNED: March 1, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: March 3, 1950 — NAME OF CEMETERY OR CREMATORY: Shell Hill Cemetery — LOCATION (City, town, or county) (State): Pocomoke, Worcester Md.

DATE REC'D BY LOCAL REG.: March 3 - 1950 — REGISTRAR'S SIGNATURE: Mrs Clayton Davis — 24. FUNERAL DIRECTOR: Henry A. Watson — ADDRESS: Pocomoke Md.

98899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 6 1950
BUREAU V. S.

Evidence for addition of age shown on:

FILM No. G 124 MAR 15 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01896

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne md
STREET ADDRESS (If rural, give location) 90 Main St

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Andrew (Last) Flood
4. DATE OF DEATH (Month) 2 (Day) 27 (Year) 1950

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Unknown approx
9. AGE last birthday Unknown 82 Days
If under 1 year Months | Days
If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Watchman
10b. KIND OF BUSINESS OR INDUSTRY Watchman Ret.
11. BIRTHPLACE (State or foreign country) North Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Un Know
14. MOTHER'S MAIDEN NAME Un Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Eliza Dennis Hargis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
331 X	Immediate cause	(a) Cerebral Haemorrhage	2 days
83a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	2 years
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 15th, 1950, to Feb 27, 1950 that I last saw the deceased alive on Feb 26th, 1950, and that death occurred at 3:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Eldon G. Marksman
ADDRESS Princess Anne, md.
DATE SIGNED 3.7.50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-7-50
NAME OF CEMETERY OR CREMATORY John Wesley
LOCATION (City, town, or county) (State) Princess Anne, md

DATE REC'D BY LOCAL REG. 3/7/50
REGISTRAR'S SIGNATURE R. H. Johnson, M.D. pd.
24. FUNERAL DIRECTOR William H James Jr.
ADDRESS Princess Anne md

60247

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 10 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01897

CERTIFICATE OF DEATH

Reg. Dist. No. 261

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion — LENGTH OF STAY (in this place) 60
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Gerald

4. DATE OF DEATH: (Month) Feb (Day) 28 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: July 4, 1863

9. AGE last birthday: 87 yrs. — If under 1 year: Months. 8 Days 24 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: William Gerald

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) General Arterio Sclerosis

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1949, to Feb 28, 1950, that I last saw the deceased alive on ....., 19....., and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm H Coulbourn MD Crisfield Md 3/2/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Mar 3-1950 | NAME OF CEMETERY OR CREMATORY Liberty | LOCATION (City, town, or county) (State) Marion Somerset Co. Md

DATE REC'D BY LOCAL REG. 3/2/50 | REGISTRAR'S SIGNATURE Betty Massey

24. FUNERAL DIRECTOR Charles H. Ward ADDRESS Marion Md.

RECEIVED
MAR 6 1950
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01898

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island
LENGTH OF STAY (in this place) 70 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island
STREET ADDRESS (If rural, give location) Post Office - Box 147

3. NAME OF DECEASED (Type or Print) (First) Williams (Middle) (Last) Green
4. DATE OF DEATH (Month) Feb. (Day) 15 (Year) 1950

5. SEX Fe.
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Dec. 27, 1880
9. AGE last birthday 70 yrs. If under 1 year: Months 1, Days 18; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Deal Island
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Arnold Jones
14. MOTHER'S MAIDEN NAME Harriett Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No.
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Ollie belle Godwin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	1 year
422.2 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 10, 1949, to Feb 15th, 1950, that I last saw the deceased alive on Feb 12th, 1950, and that death occurred at 5.00A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Eldon G. Marksman ADDRESS Prin. Anne, Md DATE SIGNED 2.17.50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feb. 19, 1950
NAME OF CEMETERY OR CREMATORY John Wesley
LOCATION (City, town, or county) (State) Deal Island, So. Co. Md.

DATE REC'D BY LOCAL REG. 2/17/50
REGISTRAR'S SIGNATURE R. H. Johnson, M.D.
24. FUNERAL DIRECTOR Norma J. Ward, ADDRESS Marion Sta., Md.

B.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
FEB 20 1950
BUREAU V. S.

01899

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH COUNTY: Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield — LENGTH OF STAY (in this place): 35 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Maryland Ave.. Ext.	STREET ADDRESS (If rural, give location): Maryland Ave., Ext.

3. NAME OF DECEASED (Type or Print)	(First) NELLIE	(Middle) JANE	(Last) HOWARD	4. DATE OF DEATH	(Month) 2/27/50 (Day) (Year) 19
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH: 10/14/1903	9. AGE last birthday: 46 yrs.	If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife	10b. KIND OF BUSINESS OR INDUSTRY: domestic	11. BIRTHPLACE (State or foreign country): Tangier, Virginia	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: George Pruitt		14. MOTHER'S MAIDEN NAME: Mary Parks			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Sherwood Howard Maryland Ave..Ext. Crisfield, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Disease	10 miles
420.1 Antecedent cause(s)	(b) Clinic Int syphilis	
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Clinic Hypertensive	2 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	General Arts Sclerosis,	

19a. DATE OF OPERATION: mm	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1949, to Feb 27, 1950, that I last saw the deceased alive on Feb 27, 1950; and that death occurred at 8:00 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George E. Coulbourn MD		Marion Sta Md	Mch 2 50

23. BURIAL, CREMATION REMOVAL (Specify): burial	DATE: Mar. 2, 1950	NAME OF CEMETERY OR CREMATORY: St. Pauls Cemetery	LOCATION (City, town, or county) (State): Marion, Maryland
DATE REC'D BY LOCAL REG.: 3/2/50	REGISTRAR'S SIGNATURE: Betty Massey	24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors	ADDRESS: Crisfield

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 6 1950
BUREAU V. S.

01960

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marion
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marion
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) SANDY (Middle) J. (Last) HOWARD

4. DATE OF DEATH: (Month) (Day) (Year) 2/12/50 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 10/17/1863

9. AGE last birthday: 86 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming

10b. KIND OF BUSINESS OR INDUSTRY: for himself

11. BIRTHPLACE (State or foreign country): Marion, Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Gleason Howard- Marion, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia Acute Due To Dent

422.2 Antecedent cause(s)

131.6 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis Chronic Interstitial

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 19 50, to Feb 14, 19 50, that I last saw the deceased alive on Feb 14, 19 50, and that death occurred at 8:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Lucye B Fullum Marion Md — ADDRESS — DATE SIGNED: Feb 14 50

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE: 2/14/50 — NAME OF CEMETERY OR CREMATORY: Rehobeth Baptist Cem. — LOCATION (City, town, or county) (State): Rehobeth, Maryland

DATE REC'D BY LOCAL REG.: 2/14/50 — REGISTRAR'S SIGNATURE: Betty Massey

24. FUNERAL DIRECTOR — ADDRESS: Bradshaw Funeral Parlors, Crisfield

000W

RECEIVED
DEC 20 1950
BUREAU V. S.

01901

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne — LENGTH OF STAY (In this place): all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: at home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ~~Jones~~ John (Middle) Thomas (Last) ~~Jones John~~ Jones
4. DATE OF DEATH: (Month) 2 (Day) 2 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Feb. 20 1904
9. AGE last birthday: 45 yrs. — If under 1 year: Months 11 — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Labor
11. BIRTHPLACE (State or foreign country): Oriole Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Edward Jones
14. MOTHER'S MAIDEN NAME: Maria Agnor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-22-8575
17. INFORMANT AND ADDRESS: Percy Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

434.3 Immediate cause (a) I judge heart condition

Antecedent cause(s)

95c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Was dead on arrival

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Don't know

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Did Not attend him, 19 that I last saw the deceased alive on ....., 19....., and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE: T J Smith (Not in attendance) (Degree or title) — ADDRESS: Princess Anne Md — DATE SIGNED: 2/3-50

23. BURIAL, CREMATION REMOVAL (Specify) — DATE: 2-5-50 — NAME OF CEMETERY OR CREMATORY: Mt Zion — LOCATION (City, town, or county): Princess Anne — (State): Md

DATE REC'D BY LOCAL REG.: 2/3/50 — REGISTRAR'S SIGNATURE: R. H. Johnson, M.D. gd. — 24. FUNERAL DIRECTOR: William H James Jr. — ADDRESS: Pr Anne, Md

98899

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

RECEIVED
FEB 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01902

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH COUNTY: Somerset — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fairmount — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fairmount
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) (Last) Kieffer				4. DATE OF DEATH (Month) Feb. (Day) 18 (Year) 1950	
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single	8. DATE OF BIRTH: Nov. 20, 1863	9. AGE last birthday: 86 yrs.	If under 1 year: Months 2, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming	10b. KIND OF BUSINESS OR INDUSTRY: farming	11. BIRTHPLACE (State or foreign country): Dallas City, Ills	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Antone Kieffer		14. MOTHER'S MAIDEN NAME: Rose Hillsman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): no	16. SOCIAL SECURITY NO.: no	17. INFORMANT AND ADDRESS: Mrs. Frank Catkin Fairmount, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocardial failure — 4/20/49 to 2/18/50

450.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arterial Sclerosis — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar., 1949, to Feb. 18, 1950, that I last saw the deceased alive on Feb. 18, 1950, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Shu. B. Whaley M.D.	Princess Anne Md.	2/20/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 2-22-50	NAME OF CEMETERY OR CREMATORY: Manokin Presbyterian Cemetery	LOCATION (City, town, or county) (State): Princess Anne, Md.
DATE REC'D BY LOCAL REG.: 2/21/50	REGISTRAR'S SIGNATURE: R. H. Johnson, M.D. gd.	24. FUNERAL DIRECTOR: Levin R. Wilson	ADDRESS: Princess Anne, Md.

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

RECEIVED
DEC 25 1950
BUREAU U. S.

01903

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shelltown
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shelltown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) H. (Last) McCready

4. DATE OF DEATH (Month) February (Day) 3rd (Year) 1950

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb. 2 - 1885
9. AGE last birthday 65 yrs. If under Months 1 year Days If under Hours 24 hrs. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Marumsco, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George H. McCready
14. MOTHER'S MAIDEN NAME Mary McCready

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no
16. SOCIAL SECURITY NO. 213-14-7143
17. INFORMANT George McCready, Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
592	Immediate cause	(a) Acute Dilate of Heart	2 weeks
131b	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Uremia	6 weeks
		(c) Clinic Out refuse Myocarditis	Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION nn
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) nn. m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1949, to Feb 3, 1950, that I last saw the deceased alive on Feb. 2, 1950, and that death occurred at 8:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George C Coulbourn MD
ADDRESS Marion Sto Md
DATE SIGNED Feb 6, 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2/6/50
NAME OF CEMETERY OR CREMATORY Marumsco-Ebenezer
LOCATION (City, town, or county) (State) Marumsco, Md

DATE REC'D BY LOCAL REG. 2/6/50
REGISTRAR'S SIGNATURE Betty Massey
24. FUNERAL DIRECTOR George W. Tilghman
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 15 1950
BUREAU V. S.

01904

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mariners Section

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural, give location): Mariners Section

3. NAME OF DECEASED (Type or Print): (First) SIDNEY (Middle) (Last) ROACH, SR.

4. DATE OF DEATH: (Month) 2/15/50 (Day) (Year) 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Widowed	1875	75 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
carpenter	for himself	near Pocomoke, Maryland	USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mariners, Sidney Roach, Jr.-Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia, Acute due to Heart	2 days
422.2 Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Diabetes Mellitus	
	(c) Chronic Hypertension	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 1, 1950, to Feb 15, 1950, that I last saw the deceased alive on Feb 14, 1950, and that death occurred at 1 1 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): George A Coulbourn M D — ADDRESS: Marion St md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/19/50	Mariners Cemetery	Crisfield, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/18/50	Betty Massey	Bradshaw Funeral Parlors	Crisfield

3-0879

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 27 1950
BUREAU V. S.

01905

Evidence for change of age shown on:

FILM No. G 12 MAR 15 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dames Quarter
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dames Quarter
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Irvin (Middle) H. (Last) Roberts

4. DATE OF DEATH: (Month) Feb. (Day) 18 (Year) 1950

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 19, 1878

9. AGE last birthday: ~~70~~ 71 yrs. If under 1 year: Months 5, Days 1; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Dames Quarter

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Roberts

14. MOTHER'S MAIDEN NAME: Henranna S. Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service): no

16. SOCIAL SECURITY No.: no

17. INFORMANT AND ADDRESS: Edward Roberts Dames Quarter, md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Bronchial Asthma — Interval Between Onset and Death: 18 months

241 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic. myocarditis — 6 months

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10th, 1948, to Feb 18th, 1950, that I last saw the deceased alive on Feb 11, 1950 and that death occurred at 2:20 P m., from the causes and on the date stated above.

SIGNATURE: Eldon G. Mansman (Degree or title) ADDRESS: Princess Anne, Md DATE SIGNED: 2-20-50

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE: 2-21-1950 — NAME OF CEMETERY OR CREMATORY: Dames Quarter cemetery — LOCATION (City, town, or county): Dames Quarter (State): Md

DATE REC'D BY LOCAL REG. 2/21/50 — REGISTRAR'S SIGNATURE: K. H. Johnson, M.D.

24. FUNERAL DIRECTOR: Levin R. Wilson — ADDRESS: Princess Anne, md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01906

CERTIFICATE OF DEATH

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Over
LENGTH OF STAY (in this place) about 2½ mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Clifton Manor

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY Phila.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural, give location) 5732 Girard

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) Mayo (Last) Snyder
4. DATE OF DEATH: (Month) 2 (Day) 15 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 10-16-1909
9. AGE last birthday: 40 yrs. If under 1 year: Months. 3 Days 29 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor of Cafeteria
10b. KIND OF BUSINESS OR INDUSTRY: General Electric
11. BIRTHPLACE (State or foreign country): Morton Delaware Co. Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William A. Mayo
14. MOTHER'S MAIDEN NAME: Jennie Mitchell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.: Yes
17. INFORMANT AND ADDRESS: Mrs. Edith Boggs

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage into Gastro Intestinal Tract — 18 hours

152 Antecedent cause(s)

46C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Adenocarcinoma of Duodenum — 9 mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple Metastasis — 9 mos.

19a. DATE OF OPERATION: Feb. 15, 1950
19b. MAJOR FINDINGS OF OPERATION: As above
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Princess Anne, Md (CITY OR TOWN) Somerset, Md (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 9, 1950, to Feb. 15, 1950, that I last saw the deceased alive on Feb. 15, 1950, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. Herbert Bemby M.D. ADDRESS: Salisbury, Md DATE SIGNED: Feb. 15, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE: 2-17-50
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State): Philadelphia Pa.

DATE REC'D BY LOCAL REG.: Feb. 15. 50
REGISTRAR'S SIGNATURE: R.H. Johnson M.D.
24. FUNERAL DIRECTOR: Norris J. Ward ADDRESS: Marion Station, Md.

31635

RECEIVED
FEB 20 1950
BUREAU V. S.

01907

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manokin
LENGTH OF STAY (in this place) 62 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manokin
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Cathrine (Middle) L (Last) Taylor

4. DATE OF DEATH (Month) Feb (Day) 1 (Year) 1950

5. SEX Fem

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH May 8. 1887

9. AGE last birthday 62 yrs. If under 1 year: Months 9, Days 23; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Manokin, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Samuel Miles

14. MOTHER'S MAIDEN NAME Lizzie Turpin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No. 219-03-5885

17. INFORMANT AND ADDRESS Maggie Warters Manokin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
002X	Immediate cause	(a) Pneumonia --terminal bronchopneumonia	4 days
13b	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Advanced pulmonary tuberculosis c̄ effusion	? years
		(c) Tuberculosis--pulmonary	? years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 22, 1949, to Feb. 1, 1950, that I last saw the deceased alive on Jan. 30, 1950, and that death occurred at 7:50 A m., from the causes and on the date stated above.

SIGNATURE T. R. Huttable Jr. (Degree or title) Md. ADDRESS Princess Anne Md. DATE SIGNED Feb. 1, 1950

23. BURIAL, CREMATION REMOVAL (Specify) burial

DATE Feb 5-1950

NAME OF CEMETERY OR CREMATORY Samuel Wesley

LOCATION (City, town, or county) Manokin Somerset Md (State)

DATE REC'D BY LOCAL REG. 2/3/50

REGISTRAR'S SIGNATURE R. S. Johnson, M.D. Jd

24. FUNERAL DIRECTOR Charles Howard ADDRESS Marion Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
FEB 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01908

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A15

1. PLACE OF DEATH: COUNTY Somerset. MARYLAND. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Crisfield. LENGTH OF STAY (in this place). HOSPITAL OR INSTITUTION OR STREET ADDRESS Byrd town —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Crisfield. STREET ADDRESS (If rural, give location) Byrd town

3. NAME OF DECEASED (Type or Print): (First) Avalon (Middle) (Last) Tyler

4. DATE OF DEATH: (Month) Feb. (Day) 17 (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 9, 1892

9. AGE last birthday: 57 yrs. If under 1 year: Months 4, Days 8. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife & factory

10b. KIND OF BUSINESS OR INDUSTRY: Clothing

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: James E. Owens

14. MOTHER'S MAIDEN NAME: Elena D. Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 210-10-4484

17. INFORMANT AND ADDRESS: W. Lee Tyler. (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 22 hrs.

331X Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 16, 1950, to Feb. 17, 1950 that I last saw the deceased alive on Feb. 17, 1950, and that death occurred at 1:00 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Sarah M. Payton	M.D.	Crisfield, Md.	Feb. 19, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 19, 1950	Asbury Cemetery	Crisfield, Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/18/50	Betty M. Dyer	Edward L. Carrington	main St. Crisfield, Maryland

98/60

RECEIVED
FEB 23 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01999

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield Rt. 1; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; STREET ADDRESS (If rural, give location) RFD 1.

3. NAME OF DECEASED (Type or Print): (First) Augusta (Middle) E (Last) Ward

4. DATE OF DEATH: (Month) Feb. (Day) 16 (Year) 1950

5. SEX: Fe.

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4/10-1878

9. AGE last birthday: 71 yrs. If under 1 year: Months 2 Days 6 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Levin Johnson

14. MOTHER'S MAIDEN NAME: Harriett Sterling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no.

16. SOCIAL SECURITY NO.: 214-12-5039

17. INFORMANT AND ADDRESS: Addie Oxten - Marion Sta. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Disease

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Natural | (CITY OR TOWN) | (COUNTY) Somerset | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 16, 1950, to Feb 16, 1950, that I last saw the deceased alive on ~, 19....., and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE AND (Degree or title): Wm H Coulbourn M D | ADDRESS: Crisfield Md | DATE SIGNED: 2/20/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Feb 21-1950 | NAME OF CEMETERY OR CREMATORY: Hopewell | LOCATION (City, town, or county) (State): Crisfield, Som. Co., Md.

DATE REC'D BY LOCAL REG. 2/20/50 | REGISTRAR'S SIGNATURE: Betty Massey | 24. FUNERAL DIRECTOR: Charles A. Ward | ADDRESS: Marion Sta., Md.

RECEIVED
FEB 23 1950
BUREAU V. S.

01910

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset

City or town Princess Anne, Md (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life time

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Somerset

City or town Princess Anne, Md (If outside city or town limits, write RURAL and give nearest town)

Street No. 320 Hampton Ave (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Beatrice Lorrine White

3. (b) Social Security Number

4. Sex: female

5. Color or race: Negro

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) August 26. 1935

8. AGE: Years 14 Months 5 Days 19 If less than one day ... hrs. ... min.

9. Birthplace Princess Anne, Md (Town, county, and state)

10. Usual occupation Helping mother - housework.

11. Industry or business

FATHER

12. Name Olden M. White

13. Birthplace Princess Anne Md

MOTHER

14. Maiden name Edrena Dorman

15. Birthplace Princess Anne Md

16. Informant Edrena White

Address Princess Anne, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-19-50 (month) (day) (year)

Cemetery or crematory John Wesley

Location Princess Anne, Md

18. Funeral director William H. James Jr.

Address Princess Anne, Md.

19. 2/18 1950 (Date rec'd by registrar) R. H. Johnson, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15th 1950 at 6 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19..., to ... 19...

and that I last saw h ... alive on ... 19...

Immediate cause of death Was dead on arrival. I judge a heart condition

DURATION

Due to

Due to

Other conditions

434.3

95 C (Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE T. J. Smith M. D. or other

Address Princess Anne Md Date signed 2/18-50

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 24 1930
BUREAU V. S.